

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5		Manifest Document No.		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie Livermore, CA 94502		A.State Manifest Document Number 84924383		B.State Generator's ID					
4. Generator's Phone (533-6877)		6. US EPA ID Number C A D 0 5 8 0 1 8 3 6 7		C.State Transporter's ID 64155		D.Transporter's Phone 213-268-3137			
5. Transporter 1 Company Name J. C. Liquid Waste Disposal		8. US EPA ID Number		E.State Transporter's ID		F.Transporter's Phone			
7. Transporter 2 Company Name		10. US EPA ID Number C A T 0 8 0 0 3 3 6 8		G.State Facility's ID		H.Facility's Phone			
9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12.Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
		a. Hazardous Waste liquid NOS ORM-E NA9189		001 TT		05000		G	
		b.							
		c.							
		d.							
J. Additional Descriptions for Materials Listed Above Alkaline Soap 5% Grease 2% Water 3% Water 90%		K.Handling Codes for Wastes Listed Above 01							
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Triple J - Return to DAC									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name Donald C. Gerber				Signature <i>[Signature]</i>		Date 09/18/86			
17. Transporter 1 Acknowledgement of Receipt of Materials						Date			
Printed/Typed Name SANTOS YBARRA w/058867				Signature <i>[Signature]</i>		Month Day Year 09/18/86			
18. Transporter 2 Acknowledgement of Receipt of Materials						Date			
Printed/Typed Name				Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name EDUNKIELICZ MARIA for Triple J				Signature <i>[Signature]</i>		Date 10/9/86			

STEAM SLAB

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4. Generator's Phone (533-6677			B.State Generator's ID				
5. Transporter 1 Company Name J. C. Liquid Waste Disposal		6. US EPA ID Number C A D 0 5 8 0 1 8 3 6 7	C.State Transporter's ID 64155 ✓				
7. Transporter 2 Company Name		8. US EPA ID Number	D.Transporter's Phone 213-268-3137				
9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA		10. US EPA ID Number E A T 0 8 0 0 3 3 6 8	E.State Transporter's ID				
			F.Transporter's Phone				
			G.State Facility's ID				
			H.Facility's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12.Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste liquid NOS ORM-E NA9189			001	TT	05000	G	221
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above Alkaline Soap 5% Grease 2% Water 3% Water 90%			K.Handling Codes for Wastes Listed Above				
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Printed/Typed Name Donald C. Gerber			Signature <i>Donald C. Gerber</i>		Date Month Day Year 09/18/86		
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>Santos ybarra</i>		Date Month Day Year 09/18/86		
Printed/Typed Name Santos ybarra w/o 58867			Signature		Date Month Day Year		
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year		
Printed/Typed Name			Signature		Date Month Day Year		
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name			Signature		Date Month Day Year		